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PECOPD Do							Application or Docket Number 10774021		Filing Date: 02/06/2004		[	To be Mailed	
APPLICATION AS FILED – PART I  (Column 1) (Column 2) SMALL ENTITY   OR SMALL ENTITY  OR SMALL ENTITY													
FOR			NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$	FI	EE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A			N/A			N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A			N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A			N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =		•			X \$25 =		OR	X \$50 =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))				•			X \$100 =			X \$200 =			
	PPLICATION SIZE 7 CFR 1.16(s))	FEE	If the specification and drawings excee 100 sheets of paper, the application siz fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										:
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								+ \$180	0		+\$360		
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL			TOTAL		
APPLICATION AS AMENDED – PART II OTHER THAN												AN	
(Column 1) (Column 2) (Column 3)								SMALL ENTITY OR SMALL ENTIT					TTY
AMENDMENT A	10/17/06	CLAIMS REMAININ AFTER AMENDMEI	G	HIGHEST NUMBER PREVIOUS PAID FOR	R PRESE			RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$		ITIONAL EE (\$)
	Total (37 CFR 1.16(i))	· 13	Minus	<del></del> 20	= 0			X \$25 =		OR	X \$50=		
	Independent (37 CFR 1.16(h))	• 3	Minus	** 3	= 0			X \$100 =	0	OR	X \$200=		
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAININ AFTER AMENDMEI	G	HIGHEST NUMBER PREVIOUS PAID FOR	R PRESE			RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$		ITIONAL EE (\$)
	Total (37 CFR 1.16(i))		Minus	**	=			X \$25 =		OR	X \$50 =		
	Independent (37 CFR 1.16(h))	*	Minus	**	=			X \$100 =		OR	X \$200 =		
ME	Application Size Fee (37 CFR 1.16(s))												
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
CALCULATE							-	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** If th	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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